

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA		07-06
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Azm	1081	9/3/01
RESPONSE FORMALITY REVIEW	AM	825	11/2/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	9/5/01
2	9/5/01
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If more than 150 claims or 10 actions  
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8-571  
 01/16/02